APPLICATION FOR PUBLIC HEARING APPEAL OF ADMINISTRATIVE DECISION

*AMOUNT OF FEE <u>\$855.00</u> (Code Z600)

	I including surcharge <u>\$923.40</u> EIPT #	
FOLI	IO#	ВҮ
CZAI		BY Date Receipt Stamp
Sec.	Twp Rge	RADIUS ASSIGNED
IMPO	ORTANT - The applicant and/or	the applicant's attorney should be present at the hearing.
1. N	ame of Applicant (PRINT)	
2. M	lailing Address	Tel. No
4. M	lailing Address	Tel. No
5. N	ame of Property Owner	
6. Ov	wner's Address	
		Tel. No
s	subdivided, lot, block, complete n	IE PROPERTY COVERED BY THE APPLICATION (If name of subdivision, plat book and page number). (If metes the description, including section, township and range).
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8. A	ddress or location	
9. S	ize of Propertyft. X	ft. Acres
10. A	Administrative Decision appealed	d: (State in brief and concise language.)
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11. S	Section and paragraph of regulat	ions if applicable: (Copy regulations in detail).
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12.	Alleged error in the order, requirement, decision or determination made by administrative official in interpretation or enforcement of regulation:		
13.	Reason why the decision should be reversed:		
	<u>AFFIDAVIT</u>		
	I,, being first duly sworn, depose and say that I am the party aggrieved by the action of the administrative official made the subject matter of this application, and that all of the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct and honest to the best of my knowledge and belief.		
	SIGNATURE		
	Sworn and Subscribed before me		
	thisday of		
	NOTARY PURI		

*NOTE: AN 8% SURCHARGE WILL BE ADDED TO ALL FEES EXCEPT DERM AND CONCURRENCY AND WILL BE IN EFFECT FROM 10/1/03 THROUGH 9/30/06.

Rev. 9/30/03